FEC FORM 1

## STATEMENT OF ORGANIZATION

FO	RM 1		ORGANIZATION								
			(See instructions)					Office use only			
	ME OF MMITTEE (i	n full)		(Check if name is changed)	e Exa	ample: If typying or the lines	, type	12FE4N	<b>1</b> 5		
BIPARTISAN POLITICAL ACTION COMMITTEE/THE BANK OF NEW YORK MELLON CORP-											
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ADDRE	SS (number ar	d street)	BNY	Mellon Cent	ter, Room	3225 		1 1 1	ш		
	Check if addre	ess	500 C	rant Street				1 1 1			
X is	changed)		PITTS	BURGH				PA	لبا	15258 _ 0001	
					CITY			STATE		ZIP CODE 📥	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)											
`	Check if addre	ess	mich	ele.hafer@b	nymellon.	com			ш		
	crianged)					1111					
COMMITTEE'S WEB PAGE ADDRESS (URL)											
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2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
3. <b>FE</b>											
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)											
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete											
Type or Print Name of Treasurer Gary E Abbs											
Type or	Print Name	of Treasure	er <u> </u>	Idi y E ADDS							
Signature of Treasurer Electronically Filed by Gary E Abbs Date Date Date Date											
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS											
	Office					For further inf				EC FORM 1	
	Use Only					Federal Election Toll Free 800-4 Local 202-694	124-9530	on		(Revised 02/2009)	